

Check in A Box
Patent Office Specified

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL N.

00/762134

FILING DATE

APPLICANT(S)

| CLAIMS | | | | | | | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|------|------|------|------|------|------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | |
| 1 | | | | | | | 51 | | | | | |
| 2 | | | | | | | 52 | | | | | |
| 3 | | 2 | | | | | 53 | | | | | |
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| 49 | | | | | | | 99 | | | | | |
| 50 | | | | | | | 100 | | | | | |
| TOTAL IND. | 4 | | | | | | | | | | | |
| TOTAL DEP. | | 4 | | | | | | | | | | |
| TOTAL CLAIMS | 4 | | | | | | | | | | | |